

CHAPTER 13  
 SECTION 9.1  
 ADDENDUM 1, SECTION 11

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -  
 ENDOCRINE SYSTEM

The number following the procedure code is the TRICARE payment group.

THYROID GLAND

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
60000	2	Incision and drainage of thyroglossal cyst, infected
<u>EXCISION</u>		
60200	4	Excision of cyst or adenoma of thyroid, or transection of isthmus
60220	4	Total thyroid lobectomy, unilateral
60225	5	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmus
60280	6	Excision of thyroglossal duct cyst or sinus
60281	6	Excision of thyroglossal duct cyst or sinus; recurrent

Except as provided below, all procedures are effective as of November 1, 1994

- 1 Code added for services performed on or after January 1, 1995
- 2 Code added for services performed on or after February 27, 1995
- 3 Code deleted for services performed on or after April 1, 1995
- 4 Code deleted for services performed on or after April 26, 1995
- 5 Payment group changed for services performed on or after February 27, 1995
- 6 Code added October 1995 effective for services performed on or after November 1, 1994
- 7 Code deleted for services performed on or after March 31, 1996
- 8 Code added for services performed on or after January 1, 1996
- 9 Code added for services performed on or after January 1, 1997
- 10 Code deleted for services performed on or after January 1, 1997
- 11 Code added for services performed on or after November 1, 1998
- 12 Code deleted for services performed on or after January 1, 2000
- 13 Code added for services performed on or after January 1, 2000

